

Docket No. 50325-0102

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Confirmation No.: 6713
: :
Tyrone Floryanzia : Group Art Unit: 2134
: :
Serial No.: 09/676,265 : Examiner: Jacob Lipman
: :
Filed: September 28, 2000 :
: :
For: AUTHENTICATING ENDPOINTS :
OF A VOICE OVER INTERNET :
PROTOCOL CALL CONNECTION :

RECEIVED

JUL 19 2004

Technology Center 2100

REPLY TO OFFICE ACTION

Hon. Commissioner for Patents
Mail Stop AMENDMENT
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed April 7, 2004, the shortened statutory period for which runs until July 7, 2004.

INTRODUCTORY COMMENTS

There are no Specification Amendments. There are no Drawings Amendments. Claim Amendments and Remarks are presented on separate sheets as indicated below:

- Amendments to the Claims begin at page 2.
- Remarks begin at page 15.

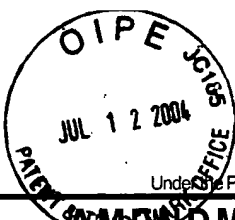
The Applicant respectfully requests reconsideration of the application in light of the remarks after entry of the amendments.

07/14/2004 ZJU HAR1 00000077 09676265

01 FC:1202 180.00 OP

07/16/2004 ZJU HAR1 00000088 09676265

01 FC:1202 180.00 OP



PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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AMENDMENT FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision, Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 AND 1.28</i>		Complete if Known	
		Application Number	09/676,265
		Filing Date	September 28, 2000
		First Named Inventor	Tyrone Floryanzia
		Examiner Name	Jacob Lipman
Group/Art Unit	2134	JUL 19 2004	
Attorney Docket No.	50325-0102	Technology Center 2100	
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.		3. ADDITIONAL FEES			
Deposit Account Number	50-1302	Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
Deposit Account Name	Hickman Palermo Truong & Becker, LLP	1051	130	2051	65
2. <input checked="" type="checkbox"/> Payment Enclosed:				Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		1052	50	2052	25
3. <input type="checkbox"/> Applicant(s) is entitled to small entity status. See 37 CFR 1.27.		1053	130	1053	130
		1812	2,520	1812	2,520
		1804	920*	1804	920*
		1805	1,840*	1805	1,840*
		1251	110	2251	55
		1252	420	2252	210
		1253	950	2253	475
		1254	1,480	2254	740
		1255	2010	2255	1005
		1401	330	2401	165
		1402	330	2402	165
		1403	290	2403	145
		1451	1,510	1451	1,510
		1452	110	2452	55
		1453	1330	2453	665
		1501	1330	2501	665
		1502	480	2502	240
		1503	640	2503	320
		1460	130	1460	130
		1807	50	1807	50
		1806	180	1806	180
		8021	40	8021	40
		1809	770	2809	385
		1810	770	2810	385
		Other fee (specify) _____			
		Other fee (specify) _____			
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3) (\$)			
		0.00			
1. BASIC FILING FEE					
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		0.00	
2. EXTRA CLAIM FEES					
Total Claims	Highest Paid Claims	Extra Claims	Fee from Below	Fee Paid	
41	-31=	10	18.00	180.00	
Independent Claims	6	-6**=	0.00	0.00	
Multiple Dependent					
**or number previously paid, if greater; For Reissues, see below					
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)		180.00	
SUBMITTED BY					
Name (Print/Type)	Craig G. Holmes	Registration No. (Attorney/Agent)	44,770	Telephone	(408) 414-1080
Signature		Date	July 7, 2004		

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